

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 7, 2003

RE: MDR Tracking #: M2-03-0906-01-ss
IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant is a 31 year old female with a work injury. Chief complaint was low back pain with a secondary complaint of radicular pain. She describes 80% low back and 20% radicular pain. Examinations by a doctor indicated sometimes the findings were on the left and sometimes on the right according to his notes. She had some relief with Chiropractic treatment but continued to have complaints of constant pain. Discography and CT with contrast demonstrated an annular tear at L5 and a contained protrusion/herniation at that level. MRI demonstrated a central herniation at L5 with involvement of the right S1 nerve root.

Requested Service(s)

Arthroscopic discectomy at L5 level.

Decision

I agree with insurance carrier that above procedure is not medically necessary.

Rationale/Basis for Decision

According to national guidelines open microdiscectomy is the gold standard. The efficacy of arthroscopic discectomy at L5 has not been well documented in the peer reviewed literature. Discectomy is most effective in cases where radicular pain is the chief complaint. Discectomy does not cure low back pain in the majority of cases with disc protrusion. Diskography has been shown by Carragee et al to be unreliable in Worker's Compensation. These papers are documented in the proceedings of the North American Spine Society and were prize winning papers. The physical findings in this case are poorly documented and vary from right to left and document no consistent neurologic deficits.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.